PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. properly classified. GIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. V. S. No. 1 N. B.

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	700
1. PLACE OF DEATH	WITHIN COR	RPORATE LIMITS (15%)	
County Callege		Registration Dist. No.	4
Village or City Consulty		No. St., death occurred in a hospital or inspection, give its NA/IE instead of street an	Ward Ward
Length of residence in city or town where death occurred			mosds.
2. FULL NAMELLAST CO	Carida	se_	
(a) Residence: No. 6 Po 13e	aller of	St., Ward.	
(Usual	place (abode)	If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PA	KTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIV	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH (Month) (Day)	., 193.3 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year) July 2	7-1930	last saw hair aliva on 27, 193	19 3 2; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at S. 200cm.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	1-5-1
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Paration broth	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		7 mas	
SAW MILL, BANK, etc	otal time (years)		
this occupation (month and year)	spent in this		
(d) les	0-	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	ma	Andres I II.	
	Said.	(1) or departs	
E 0	and the same of th		
14. BIRTHPLACE (city or town)		Nama of operation Date of	
	Will	What test confirmed diagnosis? Was there at	
<u> </u>	1	23. If death was due to extarnal causes (VIOL ENCE) fill in also tha follow	•
O 16. BIRTHPLACE (city or town) (Stata or country)		Where did injury occur?	, 13
17. INFORMANT My Braying (Address)	algliedge	(Specify city or town, county and S Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR BEMOVAL		Manner of injury	
Place of see of tell Cempate ?	-28-,1933	Natura of injury	
19. UNDERTAKER Jacys Steep	i Oya	24. Was diseasa or injury in any way related to occupation of deceased?	
20. Filescale 28, 1933 Chara	ey II Men	(Signed) Clay Summer	M. D.
If more blanks are nee	Registrar. ded. address State Registrar.	(Address) - Address - Addr	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06701
1. PLACE OF DEATH	(210-m)
County Allegany. WITHIN	CORPORATE LIMITS Registration Dist. No. 4
Village or City Communication (If	No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME /dengammen L. K	Band P 11-00
(a) Residence: No.	St., Ward. Ommey II Va
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give by or town and State MEDICAL CERTIFICATE OF DEATH
3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 5 , 1932
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Oays It LESS than	to have occurred on the date stated above, a salval m.
35- 10 5 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Were as Tomows. Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	To for July 5
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	fulernol neguria,
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) Sommey	Luto accident
(State or country)	D. J. J.
13. NAME Welleam N. Barra	accidental
14, BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Halah haeley 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicines where did injury occurs and accident suicide.
(h:00: 12/10)	(Specify city or town, county and State) Specify whether injury occurred is INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Jublic Holman
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury tests offering the
Place Place 1, 19.3	Nature of injury Tracker of Strull
19. UNDERTAKER Ragey Live ;	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Romany Wo	It so execity
20. FILE Selly 6, 1933 Matuey A Maise	Simplify Sheep Steal Fax
Registrar.	(Address) felsellellelland Albain

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

	STATE O	F MARYLAND	CERTIFICATE OF DEATH	06702
1	. PLACE OF DEATH	outside o	46)	./
	County Allegany	City Limit	Registration Dist. No.	7
	Village or CityCumberLand		No. Hout 3	Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street as	nd number)
		eath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs	_mosds.
2	2. FULL NAME	d. Darns.		
	(a) Residence: No. 12ed	(Usual place of abode)	14813 Ward. If nonresident give city or town	and State
	PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
3. 3	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH July .4 . 1935	
	Male White	OR DIVORCED (quite the word)		, 193
5a.	If married, widowed, or divorced		(Month) (Oay)	(Year)
	If married, widowed, or divorced. HUSBANO of Mary . Barn: (or) WIFE of	8.	22. I HERTBY CERTIFY. That I attend	e deceased from
-	1.00	13 OH 1V16	June 1	19
	DATE OF BIRTH (month, day, and year)	Mar.24.1856	to have occurred on the date stated above 11.45 Pm	; death is said
7.	AGE Years Months	Oays If LESS than 1 day,hrs.	to have occurred on the day stated above, the The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	77 3	10 10dy,min.	were as follows:	Oate of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER,		abstruction driamer	I almost
Ē	SAWYER, BOOKKEEPER, etc	Ketired	a source of the second	
4	1 100 3. I III USELY OF DUSINESS III WINCH			
CUPA	work was done, as SILK MILL, SAW MILL, BANK, etc	re ori ea	<i>U</i>	500
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this	0	over
OCCUPA	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	Other Contributory Causes of importance:	our we
	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this	0	our we
12.	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	Te, our we
12.	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation Ma	0	Change 6 Just
12.	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME Samuel Bi 14. BIRTHPLACE (city or town)	11. Total time (years) spent in this occupation Md	0	about 6 June
FATHER 12.	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME Samuel BirthPLACE (city or town) (State or country)	11. Total time (years) spent in this occupation Md arns.	Cancer of segment	21
FATHER 12.	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME Samuel B: 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME DON'T KI	11. Total time (years) spent in this occupation Ma arns. Md	Name of operation	an autopsy? 22 ving:
FATHER 12.	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME Samuel. B: 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Dont K1 16. BIRTHPLACE (city or town)	11. Total time (years) spent in this occupation Md arns.	Name of operation Date of What test confirmed diagnosis? Was there 23. If death was due to external causes (VIOL ENCE) fill in also the followatch, suicide, or homicide? Date of injury	an autopsy? 22 ving:
12.	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME Samuel B: 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME DON'T KI 16. BIRTHPLACE (city or town) (State or country)	11. Total time (years) spent in this occupation Md arns. Md Md	Name of operation Date of What test confirmed diagnosis? Was there 23. If death was due to external causes (VIOL ENCE) fill in also the followable for homicide? Date of injury Where did injury occur? (Specify city or town, county and	an autopsy?
MOTHER FATHER	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME SAMUEL B: 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME DONT K: 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME DONT K: 18. BIRTHPLACE (city or town) (State or country) MISS LINEL	11. Total time (years) spent in this occupation Md arns. Md Md	Name of operation	an autopsy?
MOTHER FATHER	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME Samuel. B: 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME DON'T K: 16. BIRTHPLACE (city or town) (State or country) INFORMANT (Address) New York.	11. Total time (years) spent in this occupation Md arns. Md now t Know .Barns	Name of operation Date of What test confirmed diagnosis? Was there 23. If death was due to external causes (VIOL ENCE) fill in also the followatcoldent, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC	an autopsy?
MOTHER FATHER	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME Samuel. B: 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME DON'T K: 16. BIRTHPLACE (city or town) (State or country) INFORMANT (Address) New York.	11. Total time (years) spent in this occupation Md arns. Md Md	Name of operation Date of What test confirmed diagnosis? Was there 23. If death was due to external causes (VIOL ENCE) fill in also the followable for homicide? Date of injury Where did injury occur? (Specify city or town, county and	an autopsy?
MOTHER FATHER	work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME SAMUEL B: 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME DONT K: 16. BIRTHPLACE (city or town) (State or country) MISS LINEL INFORMANT (Address) New York BURIAL, CREMATION, OR REMOVAL Place John C. Wo	11. Total time (years) spent in this occupation Md arns. Md now t Know Barns d Oate July 7 . 17953	Name of operation Date of What test confirmed diagnosis? Was there 23. If death was due to external causes (VIOL ENCE) fill in also the followate Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC Manner of injury Nature of injury	an autopsy? 22 ving: ,19
MOTHER FATHER	work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME SAMUEL B: 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME DONT K: 16. BIRTHPLACE (city or town) (State or country) MISS Etnel INFORMANT (Address) New York BURIAL, CREMATION, OR REMOVAL Place Union Grove Me	11. Total time (years) spent in this occupation Md arns. Md now t Know Barns d Oate July 7 . 17955	Name of operation	an autopsy? 22 ving: ,19
12. WOTHER FATHER 19.	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME SAMUEL B 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME DONT KI 16. BIRTHPLACE (city or town) (State or country) INFORMANT (Address) New York. BURIAL, CREMATION, OR REMOVAL Place John C. Wo	11. Total time (years) spent in this occupation Md arns. Md now t Know Barns d Oate July 7 . 17955	Name of operation Date of What test confirmed diagnosis? Was there 23. If death was due to external causes (VIOL ENCE) fill in also the followate Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC Manner of injury Nature of injury	an autopsy? 22 ving: ,19

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	GORPORATE LIMITS OF	950		
County Lille game	, ormire of		Registration D	ist. No
Village or City to hwater	in 9.	No. Br	very	St.,Ward
Length of residence in city or town when	(If	death occurred in a hospital or institu		
0.	A · L · 2-6	ds. now long in 0.5.11	or roseign bijene	yrsus-
2. FULL NAME Serge	Mashington Ber	LOKEN .		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident ai	ve eity or town and State
PERSONAL AND STATIS		MEDICAL C	ERTIFICATE	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	(1)	2 -
Turce I hile	OR DIVORCED (write the word)		(Month)	20 , 193 J
5a. If married, widowed, or divorced HUSBANO of			(Wonth)	(Dey) (Year)
(or) WIFE of	1 /300 /	22. I HEREB	CERTIFY	. That attended deceased from
	and the same	7	19 10	1953
6. DATE OF BIRTH (month, day, and year)	186-22 1860	I last saw h elive on	1 1/1	death is said
7. AGE 73 Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stet. The PRINCIPAL CAUSE OF DEA		of Importance
	ormin.	were as follows:	Est and related subsets	Oate ol onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Minnig	Canton of	and d	celes!
. Industry or business in which	- Francisco	(2000000 /0		
work was done, as SILK MILL, SAW MILL, BANK, etc				
	11. Total time (years) 3 8 %			
year)	occupation 9	Other Coutributory Causes of imp	ortance:	
12. BIRTHPLACE (city or town)	n Kidder			
(State or country) Talkey	any col, fled			
13. NAME (mg ust	13 ender.			
13. NAME Angust	ruany.	Name of operation		Dete of
(State of country)	0-10 1 1-1	What test confirmed diagnosis?		Was there an eu'opsy?
15. MAIDEN NAME & Cong. 16. BIRTHPLACE (city or town)	well Ofoth	23. If death was due to external ca		
16. BIRTHPLACE (city or town)	ay Trove.		Da	ate of injury, 19
(State or coun'ry)	DI	Where did Injury occur?	(Specify city or to	owu, county and State)
17. INFORMANT/ Co Darah	Dender	Specify whether injury occurred i	in INDUSTRY, In HOM	E, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Cheny mod	Manner of injury		
Place tock hast	Date & ruly 28, 1933	Manner of injury		
10.	1-	24. Was disease or injury in env		ion of deceased? 770
19. UNDERTAKER (Address)	use Sol.	If so, specify	way related to occupat	on of deceased.
1/1 2 1. 1/2 2 3	a. R. Thall.	(Signed) A.R.	Trall	ru M.D
20. FILED frily 26, 19 3.3.	Registrar.	(Address)	Troo	thing Ind.
If me	ore blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore. R	equesting V. S. No. 1	. 11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL S	SPACE .	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIA:
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06705
1. PLACE OF DEATH	PPORATE LIMITS Registration Diet No.
County Alegnan	Registration Dist. No.
Village or City Linbuland	No. 2 / 6 / 3 l A A C St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town whera daath occurredyrs,mos	
2. FULL NAME Wia Celizabeth	Brown
(a) Residence: No. 5/6 Belafard	. St., 4 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Transle Work to OR DIVORCED (write this word)	July 14 193 5
5a. If married, widowad, or divorced HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of	22. HEREBY CERTIFY That I attandad decaased from
6. DATE OF BIRTH (month, day, and yaar) Nov 14, 1908	I last saw h. Waliye on Sully A 184 198 : daath Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
24 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related lauses of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 Vale vi viiset
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	Le llerulthis
work was done, as SILK MILL, SAW MILL, BANK, atc.	Quellusi 600
10. Date deceased last worked at this occupation (month and spant in this	Journal of the second of the s
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Shown as	
(State or country) 2 13. NAME Lely Brown	
E 906 6 1	No. of a self-
(Stata or country)	What tast confirmed diagnosis?
15. MAIOEN NAME Elizabeth Stewart	23. If death was due to external causes (VIOLENCE) fill In also tha following:
15. MAIOEN NAME Celtz afth Stewart 16. BIRTHPLACE (city or town) Frankelin (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT QUILLE BUILLING ST CIT	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Placa ST Vallets Oata July 18, 19.3.3	Nature of injury.
19. UNOERTAKER J. J. Dutter (Add) ass) Cambulged Mil	24. Was disease or injury in any way ralated to occupation of deceased? If so, spacify
20. Furthely 17, 1933 Raluey Alexander	(Signed) (C. M. O.
A second	2411 N. Changs Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II		
	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	国会会会会会员从(E)C	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 5 1893	July 5,1927	Peritonitis	3 days ago	
	STERRANTS				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

S. No. 1

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BUREAU V. S.				
Other contributory eauses of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			4	

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FOR

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND	CERTIFICATE OF DEATH 00703
1. PLACE OF DEATH WITHIN C	ORPORATE LIMITS (59)
County Allegan	Registration Dist. No.
Village or City Combelland	No. College St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Infant Clem	
(a) Residence: No. (Usual place of abode)	St., Ward. Alsah Jum Mad State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from 1933 to 2 way 15 1973
6. DATE OF BIRTH (month, day, and year)	I last saw har alive on Surey 18 , 1933; death is said
7. AGE Years Months Day If LESS than 1 day,hrs.	to have occurred on the date stated above, at 45 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	were as follows Thereaton To wet 8 Min Date of onset
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	Neukum
13. NAME Edward Clem	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an au/opsy?
15. MAIDEN NAME Tota Hedrick	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) Chealand Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place reapprove M. of Dete July 1.7.1933	Manner of injury
19. UNDERTAKER A Quint Stern Angel	24. Was disease or injury in any way related to occupation of deceased?
20. Fittely 15, 1933 Harvey N Meis	(Signed) M.D. (Address) Sumberfund med

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Evenule II

The principal cause of			Example 11		
of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	Laewed	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 5 1934	July 5,1927	Peritonitis	3 days ago	
1	SURFAU V.B.				
Other contributory cause			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06710
1. PLACE OF DEATH	REPORATE LIMITS 93-0
County allega Title Cor	Registration Dist. No.
Village or City Certification (If	No. 3.04 A lecation St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Glorge W. Cron	well
(a) Residence: No. 304 Decation	St., 4 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	July 17 19.33 to Tuly 17 19.33
6. DATE OF BIRTH (month, day, and year) Sept 30-1882	1 last saw him alive on July 172 , 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.0. So Pm.
1 day, 1	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 8 Trade profession or particular	Vale of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	l'osuble acute bardiac
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	Delalation
this occupation (month and spent in this 154w	
12. BIRTHPLACE (city or town) Bury land	Other Contributory Causes of importance:
(State or country)	Mydeardelle, bleanice 2 year
13. NAME Geo, N. Homesell	1.00
13. NAME Seo, N. Blommell 14. BIRTHPLACE (city or town) Thury Land	Name of operation Date of
(State or country)	What test confirmed diagnosis? Physical 2 Was there an au'opsy?
15. MAIOEN NAME Hangaret Howell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Margare Howell 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
∑ (State or country)	Where did injury occur?
17. INFORMANT Margare Commercell	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place State Came Oate July 20, 1933	Nature of injury
19. UNOERTAKER STATES AND THE STATES	24. Was disease or injury in any way related to occupation of deceased?
20. FILED cely 1.9, 1932 Bassey of Meiss Registrar.	(Signed) Krune H. Louru M. D. (Address) Lunbuland, W. J.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage UKE V	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	Moy 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE I	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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2

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82:0)
County algeriany.	Registration Dist. No. 2
Village or City Spachisma (IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred by yrsmos.	
2. FULL NAME & Hary Soullen	Cuthberton
(a) Residence: No. Twoff ville a muchum (Uaual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED General to word of the word of	21. DATE OF DEATH (Month) (Day) (Yaar)
Sa. If married, widowed, or diversed	V V
HUSBAND OF Colon Cuthberton	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) James 19,837	I last saw hele alive on July 19, 19. 3.3.; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2_ /2m.
2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	A
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Nemourhage July 12
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	· · · · · · · · · · · · · · · · · · ·
11. Total time (years) this occupation (month and year) year) 12. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Caused of importance:
(State or country)	1.01
13. NAME Pullar Souller 14. BIRTHPLACE (city or town) Deland (State or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Thany towleynany	23. If death was due to external causes (VIOLENCE) filt in also the following:
15. MAIDEN NAME Than Covernay 16. BIRTHPLACE (city er town) - Lastland (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MILLAMIN Duth Centers	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAR	Manner of injury
Place QUA Hell ameley Date July - 1923	Nature of injury.
19. UNDERTAKER In Gickelian	24. Was disease er injury in any way related to occupation of deceased?
(Address) Longering, Med	If so, specify
20. FILED like 21 133 E. Don Tylester)	(Signed) herry In . / Hagen M. D.
Registrar.	(Address) Louisland Mid:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 10

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
\\ 800 ²⁸ \\				
Other contributory causes of importance:		Other contributory causes of importance: ,		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

of

See instructions on back

TION is very important.

(Address)

(Address)

CREMATION, OR REMOVAL

18. BURIAL.

2D. FILE

19. UNDERTAKER

1. PL/	STA ACE OF DEATH	ATE O		CERTIFICATE OF DEATH 06712
Vill		berlai	nd (I	ND. Memorial Hospital St., St. Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FUI	LL NAME C] Residence: ND.	R.F.D	d E. Davis #2. City (Usual place of abode)	St., Ward. If nonresident give city or lown and State
			CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. color of Whit		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	July 14 ,193 5 (Month) (Oay) (Year)
6. DATE O	or divorced	d year) 0 Months	ct. I870 Days If LESS than 1 day,hrs.	I HEREBY CERTIFY. That I attended deceased from July 14, 1933. Viast saw in Lieu alive on July 14, 1933; death is said to have occurred on the date stated above, at IO:50 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
CUPATION SIL	rade, profession, or particular kind of work done, as S SAWYER, BOOKKEEPER, dustry or business in white work was done, as SILK SAW MILL, BANK, etc ate deceased last worked this occupation (month a year)	PINNER, etcch MILL,	Tarus 11. Total time (years) spent in this occupation	Ohnanie My asordilis
(St	PLACE (city or town) tate or country)		Maryland	Other Contributory Causes of Importance:
13. NA 14. BI	RTHPLACE (city or town). (State or country)	mas Da Mary		Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
CE 15 864	AIDEN NAME	Elder		
Ŧ	RTHPLACE (city or town) (State or country)			23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17 INFORM	MANT Mer	norial	Hospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. W If so Registrar.

24. Was disease or injucy in any way related to occupation of decease

(Signed) Y T A Quilly

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, ctc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries: Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	•		
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and a second sec	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH RECORD. Every Length of residence in city or town where death occurred statement PHYSICIAN (a) Residence: No. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Davs If LESS than 1 dayhrs. or min. were as follows 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc. OCCUPATION RESERVED Jo 9. Industry or business in which work was done, as SILK MILL, back may SAW MILL, BANK, etc ... on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that year) ____ occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) mo terms, FATHER 13 NAME 14. BIRTHPLACE (city or town Name of operation. plain (State or country) MOTHER important. DEATH 16. BIRTHPLACE (city or town) (State or country) be 17. INFORMANT pinous very OF (Address) 18. BURIAL, CREMATION, DR REMOVAL WRITE Manner of injury CAUSE Nature of injury (Address) If so, specify Registrar.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? ______ yrs. ____ mos. ____ ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at _____m The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of enset Dther Contributory Causes of importance: What test confirmed diagnosis?____ ----- Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19_____ Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	P. C.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF DEATH (16716)
WITHIN COF	RPORATE LIMITS Registration Dist. No. 4
Village of City Company Compan	No. St., Ward f death occurred in horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME John W Hours (a) Residence (No. 2.3.5 N Gentle 15 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cafeil 7, 18 73 7. AGE Years Months Days If LESS than	I last saw h least sale on least sale of sale of the have occurred on the date stated above at 10.0 m.
60 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1 Dome Myorothite den-
	Of rous Dophitis Rugar
12. BIRTHPLACE (city or town) Landsular of (State or country)	Other Coutributory Causes of importance:
# 13. NAME Jareph Ford	Name of operation 20 Page / Data of
4. BIRTHPLACE (city of town) (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an aulopsy
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT To B. Hospital	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Otto & Paul Date July 11., 198	Manner of injury
19. UNDERLAKED String Stein Inc.	24. Was disease or injury in any way related to occupation of deceased?
20, Flysochy 11, 1923 Harvey To Mes Registrar.	(Signed) Andress Markey Constant Markey
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastraenteritis	1 year	
		- Charles Address		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 06717			
1. PLACE OF DEATH WITHIN CORPC	BATT THEFT &			
County allegans	Registration Dist_No.			
Village or City Mapelaide (IA	death occurred in a horpital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurredyrsmos.				
2. FULL NAME Stillborn Tre	wheter :			
(a) Residence: No. Mafeline (Usual place of abode)	St., Ward. Quelle land 2000			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 7 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 50 1933			
a. If married, widowed, or divorced	(Month) (Day) (Year)			
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from July 20 19 3 3 to July 2 / 19 3			
5. DATE OF BIRTH (month, day, and year well 20 1933	I labt saw h alive on, f9; death is said			
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.			
steller or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Diselbuth 2 m			
9. Industry or business in which				
work was done, as SILK MILL, SAW MILL, BANK, etc.				
To. Date deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town) Smaller lange	Other Coutributory Causes of importance:			
de la seconda de la constante				
O - Pa				
f4. BIRTHPLACE (city or town)	Name of operation			
(State or country) 15. MAIDEN NAME / Leva Mario Messawa	What test confirmed diagnosis? Was there an au'opsy?			
fs. MAIDEN NAME Clerca Mario Messera	23. If death was due to external causes (VIOLENCE) fill in also the following:			
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19			
(State or country)	Where did injury occur? (Specify city or town, county and State)			
(Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
CONTRACT, CREMATION, OR REMOVAL	Manner of Injury			
Place mapliced Date July 20, 19.33	Nature of injury			
19. UNDERTAKER Chas. Co Trager Sart	24. Was disease or injury in any way related to occupation of deceased?			
(nyuress) (magalilland ///	If so, specify			
20 FLEBELLY 20 1933 Naruey VI (1) eve	(Signed) M. D.			

(Address) _ Leanne

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 wcek ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

7. E. No. 1

PLACE OF DEATH County 210	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
2FULL NAME May arex Celia	St.: Ward) (If death eccurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED UY (Write the word)	16 DATE OF DEATH JULY (Day) (Year)
6 DATE OF BIRTH 1932. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than I day hre yre. mos. 2 7 ds. or min.?	The CAUSE OF DEATH & was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
	Contributory Secondary (Puration) (Signed) (Signed) (M. M. M
11 BIRTHPLACE OF FATHER (State or country) Conacounty Ma	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER ON BELLIALLI	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Informant) Wavag & Mar	Int swage ma July 3, 193
Filed Fulf 1931 14 flootitus la Registra:	20 UNDERTAKER ADDRESS The Durch Hardrugher, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD ERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, er," etc., without more precise specification as Day worked on may form part of the second statement. report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Never return 'Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, For persons who have no occupation Laborer-Coul mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Cpidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Lobar pneumonia, Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebros pinal Bronchopneumonia ("Pneumonia,"

> (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,
> "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death) 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease 10 ds. (secondary or intercurrent) affection Whooping diseases resulting from childbirth or miscarriage as (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sersis, taunus) may be stated under the head of "contributory." carbolic acid-probably smaide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be aggertained as the cause. Always qualify all approved by Committee on Nomenclature American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstilial nephritis, cough; Chronicvalvular heart disease; etc. The contributory need not be

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

permanently filed.

V. S. No. 1

STATE OF MARYLAND— 1. PLACE OF DEATH County County	CERTIFICATE OF DEATH 06719
Village or City Constant of the Constant of th	No. Section Retreat St. 5 Ward
Length of residence in city or town where death occurred 5 yrs mos. 2. FULL NAME	death occurred in a horbital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 00 D VORCED (purice the word)	21. DATE OF DEATH / - / 2 - , 193 3 (Month) (Day) (Year)
5a. If married, widowed, or sivorced HUSBAND of (or) WIFE of Leange Rager	22. I HEREBY CERTIFY, That I attended deceased from 1924, to 7-12-1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at $B : 40_m$.
about 67 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Tiberenlasio 6
O 10. Date decaased last worked at this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation. Management of the Business of the State of the Stat
(State or country) european	What tast confirmed diagnosis? & au - Shu Twas there an outopsy? No
15. MAIDEN NAME Permalable Cleal 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMANT Aalph Clarks mid (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 14, 19.33	Manner of injury
19. UNDERTAKER Company Special Topical.	24. Was disease or injury in any way related to occupation of deceased? Pro-
20. Flytocelef 13, 1933 Rarrey & Meiss Registrar.	(Signed) My J. Milleaung M.D. (Address) Standard M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

(C	m of infor- hould state OCCUPA-	
(1)	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	UY. PHY. Exact SI	
ARGIN RESERVED FOR BINDING	ERMANEN EXACTI y classified te.	
D FOR	IS IS A Pose stated be properly of certification	
ESERVE	INK—TH E should l at it may l s on back o	
ARGIN R	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E Y CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	
*	y, WITH tarefully suffin plain trant. See	
•	PLAINLY hould be co	
V. S. No. 1	Mation sl CAUSE TION is	
× × ×	Z B	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06720
1. PLACE OF DEATH	PATE LIMITS (158)
County Allegan	Registration Dist. No.
Village or City Combandation	No. St., Ward death occurred in a hospital or institution, give is NAME instead of street and number)
Length of residence in city or) wn where death occurredmos.	ds. How long in U.S.i of foreign barth?yrsmosds.
2. FULL NAME Les and Ing	rund
(a) Residence: No. Offitzment Roll	St, Ward.
(User place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 2 4 19 37 to 2 4 19 32
6. DATE OF BIRTH (month, day, and year)	I last saw h 4 alive on fruly 214 , 19 33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11
1 day, hrs. or45.min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	To Lemia & Frequency
9. Industry or business in which work was done, as SILK MILL.	- Mothly Colampaila
work was done, as SILK MILL, SAW MILL, BANK, etc	Baby hery Deahland
this occupation (month and spent in this year)	exhausted Athen deline
filly Hoopela ()	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Daniel Jane
" 13. NAME Francis Jones	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAMEN any Stemmer	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A CONTROL OF A CANADA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Pentral a Date 23, 1933	Nature of injury
19. UNDERTAKER Charles Star Deve Star Star Star Star Star Star Star Star	24. Was disease or injury in any way related to occupation of deceased?
20. FILE July 25, 1923 Aarvey N Meise Resistrar.	(Signed) (Address) as while and M. D.
If more blanks are needed, address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	Walter and American	Example II	
ne principal cause of death and related causes importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
rterioselerosis	1915	Attack of epilepsy	1 week ago
ronic interstitial nephritis	1921	Run over by street ear	1 week ago
rebral hemorrhage Ju	uly 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
ther contributory causes of importance:		Other contributory causes of importance:	
allstones M	May 1,1923	Gastroenteritis	1 year
ther contributory causes of importance:			ance:

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYLAND-	CERTIFICATE OF DEATH 06721	
1. PLACE OF DEATH	WITHIN COR	<u> </u>	
County Cell	eg a linin COR	PORATE LIMITS Registration Dist No. 4	1
Village or City.	ferland	No. 441 hound degst, 6 - 2 Wa	ırd
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME	llarry) .	Lusognia	
(a) Residence: No. 441	Grand Qu (Usual place of abode)	OSt 6 - Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ly 2 193 3 (Year) (Year)	
5a. If married, widowed, or divorced HUSBAND of			_
(or) WIFE of		22. HEREBY CERT I FY That I attended deceased fr	om 3
6. DATE OF BIRTH (month, day, and year)	ely 2-33	1 last saw her after on boungful 2, 1923; death is s	aid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 13Pm.	
'	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fellows:	set
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Shel born	
9. Industry or business in which			er are dar
work was done, as SILK MILL, SAW MILL, BANK, etc	11 Total time (years)		
this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	d	Other Contributory Causes of Importance:	
(State or country)			
13. NAME Rickolas	marina		
13. NAME Lickolas 14. BIRTHPLACE (city or town)	In W	Name of operation	
(State or country)	27	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME	Treoland	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	That	Accident, suicide, or homicide? Date of injury , 19	
Ch: 111	9	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address) 4441	& auto		
18. BURIAL, CREMATION, OR REMOVAL	10	Manner of Injury	
Pinet / March Da	ate	Nature of injury	
19. UNDERTAKER	Leve for	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	and Ind	If so, specify All Outers	
20. FILED CLL (3 19.3.3 Nak	acy Of Registrar.	(Signed) M	1. D.
U	Accessival.	(1100100)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

For authorization see letter filed under	
	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. I

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		6	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	,	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 yeor

ADDITIONAL S	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 06724

1. PLACE OF DEATH	SPORATE LIMITS
County ALLEGANY	Registration Dist. No.
Length of residence in city or town where death occurredyrs	No. MEMORIAL HOSPITAL St., — Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. 329 FREDERICK ST. (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE FEMALE BLACK 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH July 17, 193 33
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Henry Jones	22. I HEREBY CERTIFY, That I attended deceased from
1 1 1005	last saw her alive on July 17, 1933; death is said
6. DATE OF BIRTIF (month, day, and year)	to have occurred on the date state above, at 6.100 m.
about 58 1 day,hr	
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	glerne Fibronala
SAWYER, BOOKKEEPER, etc. 1104.50 W.110	monte gajoceration
work was done, as SILK MILL, SAW MILL, BANK, etc.	riale to
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:
置 13. NAME Hines	
	Thy sterestony 2 291
I 1. BIRTHPLACE (city or town)	Name of operation Date of Comment Date of Comm
15. MAIOEN NAME Sarah	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME Sarah 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country) unknown	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MEMORIAL HOSPIFAL (Address) CUMBERLAND, MARYLAND	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Definition Church Date July 20, 193	mature of injury
19. UNOERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Combey and Ma	If so, specify Aurrent.
20. FILEDERY 19, 1933 Harvey Aller	(Signed) M. D.
Registrar.	(Address)

If more blanks are heeded, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURELU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 06725
6211/10	Registration Dist. No. 12
Village or City Datimal t	NoSt.,Ward
Length of residence in city or town where death occurred 73 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosmos
2. FULL NAME Colyabeth & A	eifer
(a) Residence: No. Matimal Que (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writing the word)	21. DATE OF DEATH July 3/24 193 9 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
sugge	0 000
6. DATE OF BIRTH (month, day, and year) (April 3, 1860	Wast saw h elive on
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above /at M. O. Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
3 28 or min.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked et this occupation (month and spent in this occupation).	artini sclerous 1/1/33
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc. 11. Total time (yeers) this occupation (month and spenting this Age)	
this occupation (month and 132 spent in this 59 year)	
Mariland Mariland	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Augustalia (State er country)	-
13. NAME POLICE AND AND SOLOS	
13. NAME Charles Perfer 14. BIRTHPLACE (city or town)	Neme of operation
(State or country) Service	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Sugabeth Browning	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Clinabeth Browning 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Lemmany	Where did Injury occur?
17. INFORMANT MASI Cassie Shalfers (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place allegany Country Date Chila, 3, 1933	
19. UNDERTAKER M. Eichhofu,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Panacorning M	If so, specify me Agranatt
20. FILED Cary 3 , 19 33) R. Slakes	(Signed) M. D. (Address) Midland M. D.
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	

V. S. No. 1

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	ZY,	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	0
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00140
County allegan WITHIN CORPOR	Registration Dist. No.
Village or City O Scherland	No. 8 Cale St. 4 Ward
(If Langth of residence in city or town whera death occurradyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,mosds.
DIA-111. W. 00.	
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., 7 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX—A. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Months) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND nf (or) WIFE of	22. HEREBY CERTIFY That I attended degreesed from
042.31-1933	July 21, 19 0, 10 12 21, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	Vast saw h alive on , 19 ; death is sald to have occurred on the date stated abova, at , m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chlberth
Mindustry or business in which work was done, as SILK MILL,	f /
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and yaar) yaar) Occupation	(6 mos foebis)
12. BIRTHPLACE (city or town) (sumberland med (Stata or country)	Other Contributory Causes of importance:
D C	
13. NAME / aul Trederics Seller 14. BIRTHPLACE (city or town) Morascotia Canada (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? PLO
15. MAIDEN NAME achine Elizabeth Meliorid 16. BIRTHPLACE (city or town) Somerset, Ca (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT J.	Whera did injury occur?
18. BURIAL, CREMATION, OR-REMOVAL	Manner of injury
place Asman Suthern 7 - 3/, 1993	Nature of injury
19. UNDERTAKER Menger Stampful Manufacture	24. Was disease or injury in any way related to occupation of deceased?
20. Steply 31, 1933 Harrey Il Press. Registrar.	(Signad) A. M. Crevas Res M. D. (Address) Curberland, mel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS

-WRITE PLAINLY, WITH mation should be carefully

B

AGE should be

supplied.

CAUSE OF DEATH in plain terms, so that it may

should state tem of infor-

> PHYSICIANS Exact statement

stated EXACTLY.

properly classified.

certificate.

Jo

See instructions on back

TION is very important.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

(Address)

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06727
1. PLACE OF DEATH	93-6)
County Allegan	Registration Dist. No.
Village or City Colotton	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frangaset Rifer	
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale White Midowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. They lattended deceased from
(or) WIFE of fall seo (.	June 29, 1933 to July 2, 1933
6. DATE OF BIRTH (month, day, end yeer) Lec 2(2, 1858)	Mass saw hel alive on June 29 , 1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:30 Pm.
74 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	10 . 15%
SAWYER, BOOKKEEPER, etc.	Choleocyphila 1932
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
year) occupation (month end occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Mary Comb	Cl Continuory Causes of Importance.
(State or country)	mrof Myocardily: Sweeting, three 1933
13. NAME 14. BIRTHPLACE (city or town)	Jears. Ceoff.
	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Klaskling.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
DIX IT'S	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury Nature of injury

If so, specify

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

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V. S. No. 1

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(Address)

20, FILED

8

STATE OF 1. PLACE OF DEATH County Wegany Village or City Grander	CLG	Registration D No. 109 Aud death occurred in phospital or institution, give its NAME.	ist. No.
2. FULL NAME (a) Residence: No.		L'angan St., Ward.	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
- Strite	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	3 , 193 (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0 1023	22. I HEREBY CERTIFY	, 19
6. DATE OF BIRTH (month, day, and year)/ VAGE 7. AGE Years Months	Days If LESS than 1 dey, hrs. or min.	to have occurred on the dete stated above, et The PRINCIPAL CAUSE OF DEATH and releted causes were as follows:	of importance
8. Trede, profession, or particuler kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc		Misearriage	Date of onset
10. Date deceased lest worked et this occupetion (month and year)	11. Total time (yeers) spent in this occupetion	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (State or country) 11 13. NAME	ma		
14. BIRTHPLACE (city or town). BAST. (State or country)	imore	Name of operation	Deta of
15. MAIDEN NAME ATT STATE OF THE STATE OF TH	in mid	23. If deeth wes due to externel ceuses (VIOLENCE) fill I Accident, suicide, or homicida? Da Whera did injury occur?	n elso the following: ta of injury, 19
18. BURIAL, CREMATION, QB BEMOVAL	1 / 100	Menner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 14

Registrar.

Neture of injury

If so, specify

(Signed)!

(Address)

24. Wes diseese or hjury in any way releted to occupetion of deceesed?

Dete_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KECENED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	7		
	<u> </u>		

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	- TA	

V. E. No. 1

	STATE	OF MARYLAND—	CERTIFICATE OF DEATH	G.
1. PLACE O	F DEATH	WITHIN COFF	CRATE LIMITS (26)	0
County	Mell	meny	Registration Dist. No.	J
Village or (City 1994	buland	death occurred in a hospital or institution, give its NAME assessed of street and number	Ward
Length of res	sidence in city or town when	/		ds.
2. FULL NA	ME NAT	Tio Locas	a l	
(a) Resider	2000	saptown	St., Ward.	
		(Usual place of abode)	If nonresident give city or town and State	
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH July 8/. 193	3
50 14		maries	(Monty) (Day) (Year)
5a. If married, wider HUSBAND of - (or) WIFE of	TP 1. 1	7.0	22. HEREBY CERTIFY. That I attended decease	sed from
	Inve	n relase	July 1). 1033 to sel 3/1 .1	1933
	(month, day, and year)	croper 25, 1873		th is said
7. AGE Ye.	ars Months	Days I LESS than I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2	7 8	26 ormin.	were as follows: Date	e of onset
8. Irada, prote	work done, as SPINNER,	Those dut	Hall Slowers well	
9. Industry or	R, BOOKKEEPER, etc business in which	+ our own	gaugnauris respure	
SAW MI	as done, as SILK MILL, LL, BANK, etc	lt "	Jaga ballder	
- 1 0000	sed last worked at upation (month and	11. Total tima (years) spent in this	<i>\\</i>	
year)	1	occupation	Other Spatributory Causes of importance:	
12. BIRTHPLACE (C		nefast	aperation	
(State or cou	intry)	2 WV		
13, NAME	frm w	deane		
14. BIRTHELAC	E (city or town)	11x 15h	Name of operation Malley Date of 1 - 2	0-3
	16	and the second	What test confirmed diagnosis? Was there en eutops	y? Ifel
E		No grown	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	10
O 16. BIRTHPLAC	E (city or town)	est Vo	Accident, suicide, or homicide?Oate of injury, Where did injury occur?	19
/	ZA Pia X	11010	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
17. INFORMANT _ (Address)	Medita	mu	openly whether than you carried in the out it, in home, of the foliation.	
18. BURIAL CREMA	TION, OR REMOVAL	0.033	Manner of Injury	
Made	use ym	Oate 444 273	Nature of injury:	
19. UNOERTAKER	J. D. 1/2	Jutter	24. Was diseasa or injury in any way related to occupation of deceased?	
(A)dress)	mbu	land ma	If so, specify My A	
20. Futbels	22 1933(Hurren & Men	(Signed) Cohe Warrall	M. 0
1 1		Registrar.	(Address) Gettlernfacel 114	LLA
	If mo	re blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OI	F MARYLAND—	CERTIFICATE OF DEATH 06730
1. PLACE OF DEATH	WITHIN COR	POPATE LIMITE ®
County allegans	WITHIN CON	Registration Dist. No.
Village or City	tierland	No. Manual Of The St., 6 - Ward death occurred in a hospital or institution, give its MAME instead of street and number)
Length of residence in city or town where dea	ath occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Tallus	un Leig	htow
(a) Residence: No. 370	(Usual place of abode)	St., 6 - Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DESCREED (write the word)	21. DATE OF DEATH (Machth) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	ly 7, 1933	I last saw h Allarve on w July 7, 19 3; death is sai
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Aug Non
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Mourtionly
1D. Cate deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	wherland	Other Contributory Causes of importance:
(State or country) 13. NAME Clarence SV.	Leighton	
14. BIRTHPLACE (city or town) (State or country)	akland ma	Name of operation Oate of Was there an au'opsy?
15. MAIOEN NAME Toversa	Landing!	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	eer Jack	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mrs. Clarences (Address)	Leighford	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION, OR REMOVAL Place Memorial Na	sole Sely 7, 1933	Manner of injury
19. UNDERTAKER Pressales (Address)	pel Haybital	24. Was disease or injury in any way related to occupation of deceased?
20. File (2) 7, 1923	arveis Meis	If so, specify A Hawkey M.
If were by	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 06/31
1. PLACE OF DEATH County Allegany	City Li	Registration Dist Np.
Village or City Combes	land LIN	No Sa Cale St., Ward f death occurred in a hospital or institution, five its NAME instead of street and number)
Length of residence in city or town where death		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Richard	d.Loadman.	-11 -1 10
(a) Residence: No.	(Usual place of abode)	St., Ward. Of mullead, Jema If nonresident give city or fown and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 12, 1933 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Elizabeth. (or) WIFE of		22. HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year)	pt.5th.1862	I last saw han alive on 11, 19 33 death is said
7. AGE Years Months 70.	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date-stated above, at 8.15 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weight es follows:
SAWYER, BDDKKEEPER, etc	etired &	of the flat was +
work was done, as SILK MILL, SAW MILL, BANK, etc	11 Total time (years)	- All Francisco
this occupation (month and yaar)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)(State or country)	Pa	Dther Coatributory Causes of importance:
1	man.	Jangues 27 - WC.
7	ngland	Nama of operation Date of
	.Hirald	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth 16. BIRTHPLACE (city or town) (State or country)	Pa	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs Charley K (Address) LaVale • Md	rapf	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place	July .14 .1933	Manner of injury
19 UNDERTAKER John • C • Wolf (Address) Cumber!	ord and. Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED My 13 , 1993 Oblah	uly Miles Registrar.	(Signed) Conformation M. D. (Address) Conformation M. D.
If more blan	iks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A190 53	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD

PERMANEN

BINDING

RESERVED FOR

MARGIN

7. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Alleg aug	Registration Dist. No.
Village or City M Savage (No.	St.: Ward) (If death occurred in a hespital or institution, give its NAME in-
2FULL NAME Glueveve M	autoud stand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEO (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Magust (Day) (Year)	that I last saw hall allve on allve of the last saw hall allve on allve of the last saw hall allve on the last saw hall all allve on the last saw hall all all all all all all all all al
7 AGE 3 3 yrs. // mos. ds. or min.?	The CAUSE OF DEATH + was as follows: July Culoris
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs., mos., da,
9 BIRTHPLACE (State or country) Jul Savage Md	Contributory Secondary (Duration) yrs mos ds
10 NAME OF Janus Farrell 11 BIRTHPLACE	(Signed) A Jay Javage M. P. July 12 / 1923 (Address) M. Davage M. A.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Rune Carroll	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Connellsville #A	At place In the of death yrs
(Informant) I howas Tartel	Former or usual residence
(Address) gut Lavago Md	Intervale and July 14. 1938.
Filed July [2 1933, 11] Sostutul	I for Durch thostoughed
If more blanks are needed, address State Registrar	, 16 W. Stratora St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruant, Gook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a loborer, Form laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The materia first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on yrs). Form laborer, Laborer-Coul mine, etc. without more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sopsis, telapus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection inges, perdonaeum, etc., Carcinoma, Sorcoma,, etc., ef (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, Examples: Accidental drowning; Struck by railway trainuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. The contributory valvular heart Nomenclature Always qualify all " "Convulsions, need not be

If this certificate is looked over thoroughly and all questions anamered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

M

infor-

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	= = = = =	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ABG 5 1933			
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-

ARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06734
1. PLACE OF DEATH	ATC LI 1175 UP 119
County / Segapy	Registration Dist. No.
Village or City 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No. Muses Hospital St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. / ds. / How long In U.S. Not foreign birth?yrsmosds.
Maria Maria	ne. 18 08
2. FULL NAME 19 WENGER 10 91	21 ca Ward
(a) Residence: No. (Usual place of abode)	Med St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DWORCED (during the word)	21. DATE OF DEATH July 25 4
5a. If married, wildowed, or divorced	(Monthly) (Day) (Pear)
HUSBAND of (or) WIFE of	1 HEBEBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 900, 9, 1932	Hast so her alive on July 257 1923; death is said
7. AGE Years Months Days Af LESS than	to have occurred on the date stated above at 12.4357. m.
- 8 /6 1 day, hi	That River A Cases of Death and I clared Cases of Ampericans
8 Trade profession or particular	Ocule Gusto Enteritis Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	()
work was done, as SILK MILL, SAW MILL, BANK, etc	
yaar) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Alasy land (State or country)	
13. NAME Ama Hi Ree ty 14. BIRTHPLACE (city or town) Danifland	7
14. BIRTHPLACE (city or town) flames	Name of operation Data of What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
1 1 1 1 1	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) — — — — — — — — — — — — — — — — — — —	Where did injury occur?
17. INFORMANT Mine James An Ree	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Long coming Date July 27, 193	Nature of Injury
19. UNDERTAKER M. Eighhan	24. Was disease er Injury In any way related to occupation of deceased?
20. FILED 1/26 1933 QIT. Harkin	(Signed) M. M. Drystt
Registrar.	(Address/midlaul . maryland.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

County Village of	city Cumber	land. M	(1)	Registration Dist. No. Memorial Hospital death occurred in a hospital or institution, give its NAME inste	No. St. 6 - War	
2. FULL N	AME Isaac.	Mellow tstone.		St., Ward.	yrsdi	
PERSO	NAL AND STATIS	TICAL PAR	TICULARS	MEDICAL CERTIFICATE OF	DEATH	
Male	4. COLOR OR RACE White	OR MIXOR	ARRIED, WIDOWED,	21. DATE OF DEATH July . 20).1933 (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of Mary • Mellow (or) WIFE of				22. IMEREBY CERTIFY That lattended deceased of the state		
7. AGE	H (month, day, and year) M (ears Months 2 3	ar • 31 Days 20	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, a 11 . 32 The PRINCIPAL CAUSE OF DEATH and related causes of in were as follows:	mportance	
kind of SAWY Lindustry of Work SAW 1 10. Dato dece this of		11. Total	er	Other Contributory Causes of importance:	made foly	
	Simeon. M CE (city or town)		Э	Name of operation.	Q Date of	
		Mellow			Was there an autopsy	
15. MAIDEN NAME Annie Mellow 16. BIRTHPLACE (city or town) Wya (State or country)			va	23. If death was due to external causes (VIOL ENDE) fill in all Accident, suicide, or homicide Where did injury occur?	finjury 78-183	
Mary Mellow 17. INFORMANT (Address) Flintstone Ma				Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, of	county and State 1	
18. BURIAL, CREM Place Od	ation, or removal Find Fellows	Date J1	ne Md 11y 23 m193	Manner of injury	hour way	
19. UNDERTAKER (Address)	Eph. So: Engle Sm:	lthind		24. Was disease or injury in any way related to occupation of	f deceased?	
20. FILED	12219330	Varues	X Messas. Registrar.	(Signed) of My May (Address) and My May	n I was	

MARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
		Preside ONV			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastrocnteritis	1 year		
			1		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

1. PLACE OF DEATH	CERTIFICATE OF BEATH 00736
County allegan WITHIN COI	REGISTRATE LIMITS Registration Dist. No.
Village or City Cull legalon	No. Ward Geath occurred in a hospital or institution, give its NAME instead of speet and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME DELIBERATE MILE	ler
(a) Residence: No. 509 Beall St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR HIVORCED (write the fold)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1.01 from chied
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	61/2 two Prequency
13. NAME Harold & Miller	
13. NAME Horold R Milles 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Colua Gertlin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Columna Gerthing 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT W. K. Myllog M. of	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Date Date 3, 19 3 3	Manner of injury
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased?
20. FILEOULI 3, 1933 Calvey & D'eins	If so, specify (Signed) (Signed) (Signed) (Signed) (Signed)
Registrar.	(Address)

STATE OF MARYI AND CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10673
1. PLACE OF DEATH WITHIN CORP.	PORATE LIMITS Registration Dist. No.
County Allegany:	CRATE LIMITS Registration Dist. No.
Village or City Issual (If	No. 737 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME The Sarah & Moss	
(a) Residence: No. 777 mary tunt I am	St., 5 Ward.
/ (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE While S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildow	21. DATE OF DEATH (Month) (Day) (Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of Denge M. Invested.	22. HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 26, 1837	I last saw h alive on 20, 1923 ; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
76 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebal Decembery, 248 kg
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
To Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance: (hours of the deal to the territory Canses of importance: (hours of the deal to the
13. NAME Hann D. Smonden.	
13. NAME / L. Shanden . 14. BIRTHPLACE (city or town) . (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Smilm Smill Smill (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Present 193	Manner of Injury
19. UNDERTAKER Annie Altini Dane. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FIERLING / 19.33 Harrey VI Plus	(Signed) May Web M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

AAMAW

. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deccased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 5 1983 - 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1 200

should state item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06738
1. PLACE OF DEATH	(46)
County alleaguy,	Registration Dist. No. 12
Village or City Malland	No. St., Ward
Length of residence in city or town where death occurred 36 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Milliague lagarg	Laur
(a) Residence: No. Indiana (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE OR DIVORCED (write the word) 5e. 1f married, widowed, or divorced	21. DATE OF DEATH (Month) 23 M (Year)
(or) WHE OF Elyabeth Robertsin Sen	I HEREBY CERTIFY. That I attended deceased from 1932, to July 23 1933 1 last law h wire elive on July 23 1, 1922; death is said
6. DATE OF BIRTH (month, day, and year) (Cal 1897) 7. AGE Years Months Beys If LESS than	to have occurred on the date stated above at 6.45 P. m.
8/9/1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Canvasser fur SAWYER, BOOKKEEPER, etc.	Caranous greatum 41/33
kind of work done, as SPINNER, Canvasser for SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Puthern Produce Co. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the second in this company).	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Scotland (State or country)	Office Contributory Causes of Importance.
13. NAME John June	
14. BIRTHPLACE (city or town) Scotland	Name of operation Oete of What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME GRASH Coraig	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city er town) (Stete or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT - Edward Duric (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, and the state of the
18. BURIAL, CREMATION, OR REMOVAL Place Al Hell Centery Oate July 26, 1933	Menner of injury
19. UNDERTAKER M. Seicherah	24. Was disease or injury in any way related to occupation of deceased? List of the second of the se
20. FILEO 7/24, 1933 R. Stake Registrar.	(Signed) M. M. edurate Maufaul M. D. (Address) Midland - Maufaul
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	_!!		

V. S. No. 1

1. PLACE OF DEATH County Village or City Village or Love Village or City Village or Love Village Village or Love Village or Love Village or Love Vill	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06740
Village or City. Ward Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Ward Length of residence in city or town where death occurred. Ward Length of residence in city or town where death occurred. (a) Residence: No. Charles and Carlot and Carl	1. PLACE OF DEATH	119
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. John S. B. Movin og in y/S. If of foreign birth? John S. B. Movin og	County Allegany	Registration Dist. No.
Length of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOR OR RACE. 5. SINGLE, MARKED, WIDOWED. (b) SINGLE, MARKED, WIDOWED. (c) ON HE of the profession, or particular to the control of the control o	Village or City Curulificated	No. Allegany Hosp, St. 4 Ward
2. FULL NAME (a) Residence; No. (b) Ward. (b) Ward. (c) Ward.		
(a) Residence: No. Count place of abode) PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCEO (cornect this word) 5. HERREBY CERTIFY. That I attended deceased from the language of the date stated above, at 6. 40 f.m. 1. AGE 7. AGE 8. Trade, profession, or particular 8. SAWER, BOOKREEPER, etc. 9. Industry or business in which 11. Industry or business in which 12. BIRTHPLACE (city or fown) (State or country) 13. I. AMME 14. BIRTHPLACE (city or fown) (State or country) 15. II. AMME 16. BIRTHPLACE (city or fown) (State or country) 17. INFORMANT (Address) 19. Jack of country Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. Manner of operation. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? 11. Too specify (State or country) 19. Understaker 19. Understaker 19. Specify city or town, country and State Specify city or town, country and State 19. Understaker 19. Un	BUL P'	nos. mos
PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. SINGLE, MARIED, WIDWED, OR UVORCED (centre the word) 50. If married, widowed, or divorced Highly of the control of the	4 5 4	Millegan
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced (cr) wife of word) OR DIVORCED (write the word) OR DIVORCED (write the word) 5. If married, widowed, or divorced (cr) wife of word) OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, her. 1 landsaw h. a slive on. 19.3 death is said to have occurred on the date statewabove, at. 6, 49.9 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows. SAW MILL, SA		
OR DIVORCED (write this word) 3. If married, widowed, or divorced (Or) WIFE of (OR		
Sa. If married, widowed, or divorced HUSBAND Sa. DATE OF BIRTH (month, day, and year) 19. 3. 11	OR DIVORCED (write the word)	July 20 - 193 3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than Iday Iday If Less than Iday Iday	5a. If married, widowed, or divorced	
T. AGE Years Months Oays If LESS than 1 day,	(or) WIFE of	0 0 32
1 day, hrs. or min. 1 day, hrs. or min. 1 day, hrs. or min. 2 day of m	6. DATE OF BIRTH (month, day, and year) Class 8-3/	I last daw har alive on July 20, 193; death is said
8. Trade, profession, or paticular kind of work done, as SPINNER, sind of work done, as SPINNER, savered as follows: SAVYER, BOKKEPER, etc 9. Industry or business in which work was done, as SPINNER, solver was done to external causes (VIOLENCE) fill in also the following: 15. BURIAL CHENATION, OR REMOVAL Place. 16. BIRTHPLACE (city or town)		
8. Trade, profession, or particular stands of the stands o	ormin.	were as follows:
SAVER, BURKELPEK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BRAK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or fountry) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (TRIGHESS) 19. UNDERTAKER (TRIGHESS) 20. FILEOUR 2. 1923 11. Total time (years) Specify 12. Dither Coatributery Causes of importance: 11. Total time (years) Spent in this occupation. 12. Dither Coatributery Causes of importance: 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there in injury occur? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Address) 19. UNDERTAKER (Signed) M. D. (Signed) M. D. (Address)	8. Trade, profession, or particular kind of work done as SPINNER,	
12. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Care Address	SAWYER, BOOKKEEPER, etc	July July
12. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Care Address	work was done, as SILK MILL, SAW MILL, BANK, etc	Trouble Trouble
Other Coatributory Causes of importance: Other Coatributory Causes of importance of i	and occupation (month and	
(State or country) 13. NAME	year) occupation	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) Date of What test confirmed diagnosis? Was there an autopsy? Was there are		00 0000000
What test confirmed diagnosis? Was there an autopsy? Was the following: Accident, suicide, or homicide? Date of injury occur? [Specify or town, county and State) [Cume x 20 gottes
What test confirmed diagnosis? Was there an autopsy? Was the following: Accident, suicide, or homicide? Date of injury occur? [Specify or town, county and State) [H	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. Place 21. 19.33 Registrar. 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Address) M. D. (Address) M. D. (Address)	14. BIRTHPLACE (city or town)	to boralow
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CHEMATION, OR REMOVAL Place Date Date Date Date 19. UNDERTAKER (Address) 20. Public 21, 1933 Registrar. Where did injury occurred INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address)	# 15. MAIDEN NAME MOVIONE STRILLER	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CHEMATION, OR REMOVAL Place Date Date Date Date 19. UNDERTAKER (Address) 20. Public 21, 1933 Registrar. Where did injury occurred INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address)	16 RIPTHPI ACE (city or town)	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CHEMATION, OR REMOVAL Place Out Date Date Nature of injury 19. UNDERTAKER (Address) 20. Phoely 21, 1933 Neurueux Neus Registrar. (Address) (Address) (Address) (Address) (Address)	(State or country)	
Place Case Ideal Come Date Date Performance of Injury 19. UNDERTAKER 19. UNDERTAKER 20. Theoly 21, 1933 Registrar. Nature of injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)		(Specify city or town, county and State)
Place Year Pail lane Date Helly 2219.3. 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. Tytoly 21, 1933 Recrueys News (Signed) Control (Address) Puntuland Lud	Place Yose Taill leme Date July 221933	
20. Tytoly 21, 1933 Recrueys News (Signed) Control (Address) Puntuland Lud	19. UNDERTAKER Douis Stein Duc	24. Was disease or injury in any way related to occupation of deceased?
Registrar. (Address) Pembeland IIId		
Registrar. (Address) Peur Palaul III	20. Macles 21, 1833 Herryen & Mers	(Signed) M. D. Weus M. D.
	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUBEAU			
Other contributory causes of importance:		Other contributory causes of importance:	SALE FOR
Gallstones **	May 1,1923	Gastroenteritis	1 year

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	BEPORATE DATE OF
County allega	Registration Dist. No.
Village or City Curl	l No. 22 Municipal of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME man Butter	1. Tripon
(a) Residence: No. 22/ Strangelale (Vival place of Abode)	St., 6 - Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (registe the word)	21. DATE OF DEATH July 2 193 3
5a. If married, widowed, or divorced HUSBAND OF (er) WIFE of	(Monty) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h a live on July 1933: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at / R _ Lm.
7 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
I lndustry or business in which	my the tree
work was done, as SILK MILL, SAW MILL, BANK, etc	0 (931
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Constitutory Causes of importance:
(State or country)	Hout 1/2-2
13. NAME eto.	-1-5-4
(State or country)	Name of operation. Date of
15. MAIDEN NAME	What test confirmed diagnosis? Current Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury
I6. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Than I have the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL GREMATION OF REMOVAL	
Places Julies Cause Date Duly 4, 19 3 3	Manner of Injury
19. UNDERTAKER A 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	24. Was disease or injury in any way related to occupation of deceased?
20. FILE July 3, 1933 Harriey A Press	(Signed) MG B Ducy M. D. (Address) / 3 3 2 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
If more blanks are needed, address State Registrar	ATT N Charles Street Bellings Pennstr 71 C N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II

11		and the Li		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1804) 0,34	July 5,1927	Peritonitis	3 days ago
	BURRAU V.S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	9	
Registration Dist.	No	
Jospetal	St	Wa

If nonresident give city or town and State

(If death occurred in a hospital or institution, give its NAME instead of street and number)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	, 193 3 (Year)
OHEREBY	CERTIFY.	That I attend	ded deceased fr

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset Other Contributory Causes of Importance

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill In also the following:

Accident, sulside, or homicide?______ Date ef injury______ 19_ Where did injury occur?____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease er injury In any way related to occupation of deceased

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 06743
1. PLACE OF DEATH	(B)
County Milegany	ORPORATE LIMITS Registration Dist. No. 4
Village or City Carlottelland	No. 226 A. St., 6 Ward I death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elaina Re	cl,
(a) Residence: No. 2 2 4 (Usual place of abode)	St6 - Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBANO of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTII (month, day, and year)	Wast saw here alive on July 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:10 m.
8 3 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Meronic Allyocardite Date of onset
Name of the state of the s	(Death Shilden)
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oata deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Commoderation	Other Contributory Causes of Importance Line Torres
(State or country)	
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
	What test confirmed diagnosis?
15. MAIOEN NAME 15. MAIOEN NAM	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Author 1 th Reel (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place And And And And And And Andrew	Manner of injury
19. UNOERTAKER Miss Star (Addigess)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. Filewelf 3, 1923 Harvey J. Mar	(Signed) (Address) Charlesland M.D.
If more blanks are needed, addre w State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MIG 5 1083			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KECELLER	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATI	E OF M	IAK	YLAND—	CERTIFICATE OF DE	ATH 00740
1. PLACE OF DEATH				(154)	/
County Calle	gon	7		Registration	on Dist. No. 6
Village or City MC &	le or	<u>e</u>		No. Jeath occurred in a hospital or institution, give its NA ds. How long in U.S. if of foreign birth?	St., Ward ME instead of street and number) yrs. mos. ds.
0,	where death occu	la. 🚓		. 01.	
(a) Residence: No.	(Us	ual place o	no Than of abode)	St., Ward.	ent give city or town and State
PERSONAL AND STA	TISTICAL F	PARTIC	CULARS	MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. COLOR OR RAC	OR D		RIED, WIDOWED, (write the word)	21. DATE OF DEATH	26 , 193 3 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		0			
(or) WIFE of				6 0 4, 22	FY, That I attended deceased from
	1. 0	16.	1623	I last saw hand alive on Such	2.5 , 19.33 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mon		avs	1937	to have occurred on the date stated above, at	3. P. m.
* 7	4	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related of	auses of importance
8. Trade, profession, or particular kind of work done as SPINN	FR.		ormin.	were as follows:	Oate of onset
kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc 9. Industry or business in which					
work was done, as SILK MILL SAW MILL, BANK, etc.	,				
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)		1. Total til	me (years) t in this pation		
'11	1		P	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	7	wir	a .	Mexasoniano	
13. NAME France	E Per	bes	and		
13. NAME Francisco				Name of operation	Date of
(State or country)		m	rol.	What test confirmed diagnosis?	
15. MAIDEN NAME PCO	re e	my	ton	23. If death was due to external causes (VIOL ENCE	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	of cate	- Cy	lost,	Accident, suicide, or homicide?	
State or country)			md.	Where did injury occur?	
17. INFORMANT Frank (Address) Ky	Rot	21	V.	(Specify city Specify whether injury occurred in INDUSTRY, in	y or town, county and State) HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	-	, .		Manner of injury	
Place Proce	Date	feel	7.27 , 19.2.3	Nature of injury	
19. UNDERTAKER (Address)	Lyn	- 7	N Ve	24. Was disease or injury in any way related to oc	cupation of deceased? ??i
20. FILED_ July 12.7., 19 3.	1 Hay	Eul	Registrar.	(Signed) CK:	ffin M.D.
1	f more blanks are	needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S.	

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Example I	The state of the s	· Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	2)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(Address)

Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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important

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M.	of
	item
	Every item of infor-
1	NT RECORD. Every item of infor-
rk	IN

1	STATE OF MARYLAND—CERTIFICATE OF DEATH	06747	
	1. PLACE OF DEATH County Allegary WITHIN CORPORATE LIMIN Registration Dist. No.	4	
	Village or City Annual No. 227 Carroll S (If death occurred in a horbital or institution, give its NAME instead of street.)	t., /v	٧
	Length of residence in city or town where death occurred vrs. mos. ds. How fong in U.S. if of foreign birth? yrs.	mos	

	County All	lgam	L WI	THIN CORP	Ю
	Village or City.	msen	land		
					f de
	Length of residence in cit	2			
2		my, Jan		haling	
	(a) Residence: No	279 (an	raft 1		
-			(Usual place o		il.
	PERSONAL AN				-
3. 3	SEX 4. COLOI	R OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	ľ
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of	red X	+ Schu	lling.	
6. 1	DATE OF BIRTH (month, day	, and year) As	Isil 6	1853	
7. /	AGE Years	Months	Days	If LESS than	
	80	3.	24	l day,hrs.	1
NOI	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER,	tmou	info	The second second
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	ILK MILL,	1 74	me	
000	10. Date deceased last wor this occupation (mor year)			ne (years) t in this pation	-
12.	BIRTHPLACE (city or town). (State or country)	Q.	nd.		-
ER	13. NAME		Kiel		
FATH	14. BIRTHPLACE (city or to (State or country)	wn) - B			
HER	15. MAIDEN NAME	R	m		
OTH	16. BIRTHPLACE (city or to	wn)	m	/	-

~ = 0		
St., / Ward.	1	
	If nonresident give city or town	n and State
MEDICAL	CERTIFICATE OF DEAT	Н
21. DATE OF DEATH		
	(Month) (Day)	, 193.3 (Year)
I last saw h alive on to have occurred on the date sta	Y CERTIFY. That fatte 1933 to very 30 Surey 30 19 ated above, at 10 2 17	0 19.33
wasa aa fallawa:	ATH and related causes of importance	Date of one
Other Contributory Couses of in	nportance: Anight Die	u- 74
Name of operation	Date	of
What test confirmed diagnosis?.	Was ther	e an autopsy?
23. If death was due to external	causes (VIOLENCE) fill in also the following	lowing:
Accident, suicide, or homicide?. Where did injury occur?	Date of injury	, 19
	(Specify city or town, county an	d State)

Ward

(State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

(Signed). (Address)

Manner of injury

Nature of injury

if so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

24. Was disease or injury in any way related to occupation of deceased?

V. S. No. 1

WRITE

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MP 2 1995				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 00748
1. PLACE OF DEATH	(19)
County County Change	Registration Dist. No.
Village or City +4150 My 9 -	No. /Hanles Hospelofst, Ward
	death occurred in a herpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	9,6
(a) Residence: No.	St., Ward.
(Usylal place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	7- 28- 1935-
5e. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of	22. 1 HEREBY CERTIFY, That I ettended deceased from
(61) 7112 61	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Tolly 28-33-	I last sew h ; death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, etm.
- 1 dayhrs.	was to follow.
8. Trade, profession, or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	1404
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et this occupation (month and	10 m ald
SAW MILL, BANK, etc	1900 TH
this occupation (month and year)	a final land
thought from	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Weath Sie to Jonema - Uffy
13. NAME TOWNS AND THE 14. BIRTHPLACE (city or town)	tural torally a Civifing
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME HOWY OF THE STATE OF THE STA	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State of country)	Accident, suicide, or homicide?
Course of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LAMMEN OMY ACT	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manager of Latin
Plece Trostting Date 7/28 1933	Manner of injury
7 · · · · · · · · · · · · · · · · · ·	Neture of injury
19. UNDERTAKER Sugar Suffer (Address)	24. Wes disease or Injury in eny way related to occupation of deceased?
7/2	If so, specify (Signed) M. D.
20. FILED 28 , 1933 G. T. Walking Registrar.	(Signed) M. D. (Address) M. (Addr
A second	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
, military materials	7

CTATE OF MADYLAND CEDTIFICATE OF DEATH

OPHIO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example, I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

20. Milly 22

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed).

(Address)

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ACE FOR FURTHER STATI	EMENTS BY PHYSICIAN
	1 26
1.	

V. S. Mo. 1 Bir

	STATE (OF MARYLAND-	CERTIFICATE OF DEATH	5750
1. PLACE	OF DEATH		<u>(31)</u>	
County	allegar	ry	Registration Dist. No.	
Village or	City Illand	denning	No. St.,	Ward
Length of	esidence in city or town where	MA II	f death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. It of foreign birth? yrs	
2. FULL N	(W)	00 B	Alternati	
		while I ask to	St. Ward.	
(a) nesid	ence: No. Thank	(Usual place of abode)	If nonresident give city or town as	nd State
PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)
5a. If married, wid HUSBAND or (or) WIFE of	lowed, or divorced	y Bamar & Stewa	1 HEREBY CERTIFY, That I attended the state of the state	d deceased from
	H (month, day, and year)	Ming-6, 1833	Flast saw hat alive on July 1933	; death is said
7. AGE	Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
9 Tendo ne	ofession, or particular	ormin.	were as follows:	Date of oneet
No kind o	of work done, as SPINNER, ER, BOOKKEEPER, etc	Drive Watchung	w les some reprosent	1931
9. Industry	or business in which was done, as SILK MILL MILL, BANK, etc.	val Omines 11. Total time (years) spent in this		
12. BIRTHPLACE (State or o		naryland	Other Coatributory Causes of Importance:	
13. NAME	James	1 Dewart		
	ACE (city or town)	Evittano.	Name of operation Date of	
(State	rof country)		What test confirmed diagnosis? Was there a	n autopsy?_///
15. MAIDEN 16. BIRTHPL	NAME Than	J Beveridge	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
O 16. BIRTHPL	ACE (city or town)	Thra scotta	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT _ (Address)	Thellian	my Stowart	Where did injury occur?(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18. BURIAL, CREA	ATION, OR REMOVAL	1 Days July 1/1, 19.33	Manner of injury	
19. UNDERTAKER (Address)	In Sich	Coming July	24. Was disease er Injury in any way related to occupation of deceased?	Iv.
20. FILED Jee	4/1/133 2	Don Glows Registrar.	(Signed) I My M / Hags. (Address) Profession of S. N.	M. D.

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Example I	- 4	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06751
1. PLACE OF DEATH	MTS LIMITS 93-C
County allegayyy	Registration Dist. No.
Village or City 7 Soo fleger g	No. Miners Hospital St. Ward
Length of residence in city or town where death occurred #8 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? ds. How long In U.S. if of foreign birth? ds. How long In U.S. if of foreign birth?
2. FULL NAME Laura State	_
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 58. If married, widowed or divorced	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Soften Stall	22. May 10 CERTIFY That I attended deceased from 1933, to July 21, 1933
6. DATE OF BIRTH (month, day, and year) 1869	I last saw belle alive on self , 193 3; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 0. 4 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years)	Myscarditis, Chrone 1928
work was done, as Silk MILL, Saw MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and year) spent in this occupation	
Vocapativii -	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
- Jane	Semery
I Verygoron	22.1
4. BIRTHPLACE (city or town) (State or country)	Name of operation 2000 Date of
	What test confirmed diagnosis? — Was there an autopsy? No
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide?
(State or country) Suggland	Whera did injury occur?
17. INFORMANT Walkey Sloty (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Freshing Fred Date July 5 , 1933	Nature of injury
19. UNDERTAKER La La Desprof	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Frontly Mg	If so, specify
20. FILED 1933 Qui States	(Signed) M.D. (Address) I say thurs Mid
If more blanks are needed address State Paristing	Charlesson

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TYDDITTOTATIO	OI ZIULI	TOIL	T. O ICI ALIJIC	DIVITINITINI	12 4	TATABLUIZARI

BINDING

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S. No.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			100	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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UNFADING INK-THIS IS A PERMANENT RECO ARGIN RESERVED FOR BINDING

County	Ullega	my,	WITHIN CO	ORPORATE LIMITS Registration Dist. No.	
Village or City	1 Con	full			winber)
/	or town where deat	h occurred	yrs. mo:	sds. How long in U.S. if of foreign birth?yrsmos.	
(a) Residence: No.	Rear	Win (Usual place	of abode)	St., 5 Ward. If nonresident give city or town and St.	alc
PERSONAL AND	STATISTIC	AL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
male MA	OR RACE 5.			21. DATE OF DEATH July (Par)	933 (Year)
If merried, widowed, or divorce HUSBAND of (or) WIFE of	ed		1		ceased 1
DATE OF RIPTH (month day a	and wase)	00 1-	1932.	last saw h 1 M alive on July 11 10 33.	., 19 <i>3</i>
GE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11:45 a.m.	cutii 13
	7	11	ormin.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of o
8. Trade, profession, or parti	SPINNER,			AAAA A	
Industry or business in w	hich			Crown Lugaryum	-8-
		11 Total I	ima /vasra)		
this occupation (month	and	sp3	nt in this		
BIRTHPLACE (city of town)	Ma	ulo	- al	Other Cantributory Causes of importance:	
(State or country)		7		-	
13. NAME Tra	neas	Vine	Lgg		
)	ma	<i></i>	1.1/ //	
113	1.699-6	Sept.	CHE.		psy?
		01	0		10
(State or country)	1/	Y-t	10	Where did injury occur?	-, 15
INFORMANT (Address)	lar la	Luig	9 md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place 1. Date 13, 1933.				Manner of injury	
UNDERTAKER	: V &	to.	Inc.	24. Was disease or injury in eny way related to occupation of deceased?	2
(Address)	les of	-	mad.	If so, specify	
	Village or City Length of residence in city FULL NAME (a) Residence: No. PERSONAL AND EX 4. COLOR If merried, widowed, or divorce HUSBAND of (or) WIFE of PATE OF BIRTH (month, day, as a sale of work done, as SIL SAWYER, BOOKKEEPE Industry or business in wwork was done, as SIL SAW MILL, BANK, etc. 10. Oate deceased last worke this occupation (month year) SIRTHPLACE (city of town) (Slate or country) 13. NAME 14. BIRTHPLACE (city or town (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town (State or country) 17. MAIOEN NAME 18. BIRTHPLACE (city or town (State or country) 19. MAIOEN NAME 19. BIRTHPLACE (city or town (State or country) 19. MAIOEN NAME 10. BIRTHPLACE (city or town (State or country)) 10. MIFORMANT (Address) BURIAL, CREMATION, OR REN	Village or City Length of residence in city or town where deat FULL NAME (a) Residence: No. PERSONAL AND STATISTIC EX 4. COLOR OR RACE 1. Months OATE OF BIRTH (month, day, and year) OCCUPANTION OF PARTICULAR Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) BIRTHPLACE (city of town) (Slate or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) INFORMANT (Address) BURIAL, CREMATION, OR REMOVAL	Village or City Length of residence in city or town where death occurred FULL NAME (a) Residence: No. (Usual place PERSONAL AND STATISTICAL PARTI (EX) 4. COLOR OR RACE (OR DIVORCE OATE OF BIRTH (month, day, and year) (OF) (OF) 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 2. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) (State or country) 13. NAME 14. BIRTHPLACE (city of town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) INFORMANT (Address) BURIAL, CREMATION, OR REMOVAL	Village or City Length of residence in city or town where death occurred FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS EX 4. COLOR OR RACE (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS EX 4. COLOR OR RACE (Usual place of abode) OR DIVORCED 4 write this word) If merried, widowed, or divorced HUSBAND of (or) WIFE of ATE OF BIRTH (month, day, and year) (GE Years Months Days If LESS than I day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) BIRTHPLACE (city of town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) INFORMANT (Address) BURIAL, CREMATION, OR REMOVAL	Village or City No. Rear Warrance St., St., St., St. St., St. St., St., S

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TREAU '			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For suttoination see letter	Tiled jude Nv. a. 7. Jones 10/2/33
) 45,

Registrar.

If more blanks are néeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			9.9

1. PLACE OF DEA

TATE	OF MARYLAND-	CERTIFICATE OF DEATH 06755
A De	eg army	Registration Dist. No.
Trop	Atrus 9	No. St, Ward (f death occurred in a hospital or institution, give its NAME instead of street and number)
ty, or town where	death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
of be	m, coop	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
D STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Yeèr)
rced		22. I HEREBY CERTIFY That I attended deceased from

County				Registration	DIST. NO.
Village or	r City Tuon	Phus 9	. \	NoNo	St,War
				death occurred in a hospital or institution, give its NAME	
Length of r	residence in city, or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsd
2. FULL N	IAMEL OF be	m, C	U W		
(a) Resid	lence: No.	/		St. Ward.	
(-)		(Usual place	of abode)		give city or town and State
PERSO	NAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	
	I CV	OK DIVORCEI		(Month)	(Day) (Year)
5a. If married, wid	dowed, or divorced				(50)/ (1001/
(or) WIFE of				22. I HEREBY CERTIF	Yo That I attended deceased fro
	(7		(not and con	A, 19
6. DATE OF BIRT	'H (month, day, and yeer)	uly 2)	1833	I last saw h alive on	; death is sa
7. AGE	Years Months	Days	If LESS than	to have occurred on the date steted ebove, at	m,
0			1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related cause were as follows:	
8. Trada, pro	ofession, or particular			d	Date of onse
SAWY	of work dona, es SPINNER, ER, BOOKKEEPER, etc			0000	
9. Industry	or business in which				~
kind of SAWY 9. Industry of Work SAW 10. Data decre	was done, as SILK MILL. MILL, BANK, etc				
D 10. Data deci	eased last worked at ccupation (month and	11. Total ti	ime (years)		
			pation	Other Contributory Causes of importance:	
12. BIRTHPLACE	(city or town)	estre	19 1770	Court battery Causes of Hilportance.	
(State or c		1	7		
13. NAME	(lust	fla.	Walls		
13. NAME	ACE (city or town)	- 1 Da	10 /710	Neme of operation	
(State	or country)		7	What test confirmed diagnosis?	
15. MAIDEN	NAME ()	e /le	561		
15. MAIDEN	4	00	1770	23. If death was due to external causes (VIOLENCE) fil	
	ACE (city or town)	oe I la	2.7.1.1.1.9	Accident, suicide, or homicide?	Date of injury, 19
(State	(V)	(1500		Whera did Injury occur?(Specify city or	town, county and State)
17. INFORMANT_	Clers	C exy	ut	Specify whether injury occurred in INDUSTRY, in HO	ME, or in PUBLIC PLACE.
(Address)		walnu	4		~~~~~~~
	MATION, OR REMOVAL		/	Manner of injury	
Place	17-	Date	, 19	Nature of injury	
19. UNDERTAKER	102			24. Was disease or injury in any way related to occupa	ation of deceased?
(Address)				If so, specify	Q
7/2	7 34 /	1.6 7/C	Olkes	(Signed)	There M.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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20. FILED

V. S. No. 1

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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PLACE OF DEATH	STATE OF MARYLAND
County Ilgary	© CERTIFICATE OF DEATH
the Parch o	Registration Diet. No.
Village or City //X) WOG (No.	St.: Ward) (If death eccurred im a heepital or institu-
2 FULL NAME Sufant Wal	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED MIG (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last ow
7 AGE () (If LESS than	and that death occuped in the date stated above, atm.
de or min.?	The CAUSE OF DEATH * was as college
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) 200 8 (10 40 0 M)	Contributory Secondary (Duration) yrs nos ds.
10 NAME OF FATHER Earl Walsh	(Signed) 1 - P 60 0 2 tyles M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret 6 chall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Mounga nd	At place of death yrs mos, ds. State yrs nios ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or ususl residence
(Address) W Sing a Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 7 37 93 H J. British &	20 UNDERTAKER ADDRESS

If more blanks are needed, addrosa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., Mever return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Lousekeepers who receive a worked on may form part of the second statement. Housemaid, etc. report specifically the occupations of persons For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed Architect, -Coal mine, etc. Wom-Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as 'Puerperal septicacmia,' 'Puerperal peritonitis,' etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menearbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved ('Recommendations on statement of cause of State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature cough; "Heart failure," "Haemorrhage, Chronic Carcinoma, Example: Measles (disease affection need etc. valvular heart disease; The Sarcoma,, " Shock, contributory Mcasles; not be etc., oi death

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A the data is essental and must be obtained before the certificate is permanently filed.

OREA.

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06757
County	Registration Dist. No.
Village or City Cumberland, Md.	No. Memorial Hospital St. 6 - / Ward
Village of City Octuber Latra, mag	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Curtis Weimer	
(a) Residence: No. Box #297 Somerset, Penr (Usual place of abode)	18 St., Ward.
	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 24. 193 3
Male White Widower 5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of	22. HEREBY CERTIFY, Wat I attended deceased from
(or) WHE OF WILDOWER COTA Public	July 12 , 1933, to July 24 , 1933
6. DATE OF BIRTH (month, day, and year) April 30, 1874	Vlast say h alive on July 19.33; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date streed above, it
59 2 24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Jangrus of John Jeon 7-12
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this openuation (month and	Altangulated Indunal 33
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	yorama,
this occupation (month and spant in this occupation coupation	Residence
12. BIRTHPLACE (city or town) Penna.	Other Contributory Censes of importance:
(State or country)	again 2-17- & Obstudion
13. NAME Harrison Weimer 14. BIRTHPLACE (city or town) Penna.	Lundel - Startony 7+22
14. BIRTHPLACE (city or town) Penna	hame of operation turnton dutishing Oate of atoot
(State or country)	What test confirmed diagnosis? Was there an autopsy? Yes
15. MAIOEN NAME ?, HOOVER	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Penna	Accident, suicide, or homicide? Date of injury, 19
≤ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Memorial Hospital (Address) Cumberland, Maryland	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Somerest, Ja Date 7 - 2 7-19.33	Nature of injury
19. UNDERTAKER Charley R Orgusser	24. Was disease or injury in any way related to occupation of deceased?
(Address) somerelt, Ja	If so, specify
20 Elle Le 25, 1933 Harry Of Men	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy .	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hémorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06758
1. PLACE OF DEATH	1/9
County allegany	Registration Dist. No.
Village or City Ithlendan	No. St, Ward
Langth of residence in city or topin where death occurredyrs//mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?
2. FULL NAME Deray Coloner	Heder
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male School S. Single, Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Moorth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Mast saw by A alive on Oule 6 1, 1933, death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 15 30 mA 37 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this occupation (month and separation this senation this	Were as rollows: Date of onser Date of onser 193
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributary Causes of importance:
13. NAME Vm. 6. Speslow 14. BIRTHPLACE (city or town) . Zullman, Ju. 2. (State or country)	Name of operation. What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcide, or homicide?
17. INFORMANT A Sign Con Sections (Address) Bullman M.	(Specify city or town, county and Stala) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Societ Cemetery Date July 9, 1933	Manner of injury
19. UNDERTAKER Jacob Staff	24. Was disease er injury in any way related to occupation of deceased? If so, specify
20. FILED 7/8. 1933 DKR. Watker Registrar.	(Signed) And M. D. (Address) And Andrews Andrews
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1888	July 5,1927	Peritonitis	3 days ago
	BURDAU V.S.			
Other contributory	rauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B

8		STATE	OF I	MAR	YLAND-	CERTIFICATE OF DEATH 06	760
1	1. PLACE O	F DEATH		WIT	HIN CORPO	PRATE LIMITS (3)	n
	County Village or (Allegany Cumberl	and.			Registration Dist. No.	3 Ward
	Length of res	idence in city or town when	death or	curred		f death occurred in a horpital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?	
	2. FULL NA			olfo		non rong in o. s. ii or roteigh bilth:	sus
1						01 2 14-1	
	(a) Kesider	nce: No. Cumbe	CTSU	Javal place	of abode)	St., 3 Ward. If nonresident give city or town and s	State
	PERSON	NAL AND STATIS	TICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male	4. COLOR OR RACE White	5. SIN	GLE, MAR DINORE	RIED, WIDOWED,	21. DATE OF DEATH July 26.1933 (Month) (Dey)	193 (Year)
5a.	HUSBAND of (Or) WIFE of	lizabeth.	Volf	ord		22. ALL HEREBY CERTIFY, That I attended, d	
6.	DATE OF BIRTH	(month, day, and year)	Apri	1.19	.1853	last saw h www alive on Judy 7 1933	death is said
_	AGE Year 79			Days 8	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 11 • 45 AM The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
LION	kind of v	ssion, or particular work done, as SPINNER BOOKKEEPER, etc.				hremi Coma	Date of onset
OCCUPATION	Work wa	s done, as SILK MILL, LL, BANK, etc	M.R		Man		
8	this occu	ed last worked at pation (month and		11. Total ti sper occu	me (years) nt in this pation	Other Contributory Causes of importance:	
12.	. BIRTHPLACE (ci	ntry)				Chronica Torights Drive	347
ER	13. NAME	Daniel.W	olfo	rd			
FATHER		(city or town) country)		Md		Name of operation Date of What test confirmed diagnosis? Was there an au	tonsy?
HER	15. MAIDEN NA	ME Letha.	Robi	nett	•	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTI		(city or town)			-Pa	Accident, suicide, or homicide? Date of injury Where did injury occur?	
1	(Address)	Baird.W Cumberl	olfo and.	rd Md		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	DE.
18.	BURIAL, CREMAT	on, or removal e Hill	Date	July	y • 29 • 1,933	Manner of injury	
19.	UNDERTAKER	John.C.W.			1	24. Was disease or injury in any way related to occupation of deceased?	
20.	Fyebelles	28,1933	Ha	rney	M. Muse Registrar.	(Signed) (Address) Succession fund, with	м. D
V							

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Example I	· · ·	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KECELLED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year